

THE ECONOMIC PROBLEMS OF HEALTH

In discussing this subject editorially BETTER HEALTH says: Citizens of all countries are considering as never before the economics of service and particularly of public service. The trend of opinion in the more general fields of industry are of particular interest to physicians, because the solutions worked out for power companies, transportation agencies and the larger industries will soon be reflected in and applied to health problems.

That group of people who appear to believe in and work for Government ownership and operation of public utilities are always active, and never more so than now. The broad field of health has been, and is, their particular battleground. Wherever they have succeeded in socializing the agencies of health, these agencies have a tendency to depreciate in quality and effectiveness and increase in quantity and costs. The movement has never been approved by physicians. It probably always will be opposed, except by the comparatively few who by reason of salary or other narrow interest join with the Socialists. It is interesting to observe the strange influence which a small salary and a Government job often exerts in transforming the views of the employee. In all phases of political socialism to subsidize, leaders in this movement have utilized it as much as possible in their attempts to socialize—governmentize—health and its agents and agencies. So far, with strikingly few exceptions, they have been unable anywhere to secure the services and endorsement of more than a few men highly respected by their colleagues.

Here on the rim of Western civilization the problem has been before the people and rejected by them in one candid campaign, and phases of it have been before them frequently and will be again, usually in deceptive disguises.

So it behooves physicians and other intelligent citizens genuinely interested in having the best possible health machinery operated by persons educated for the purpose to remember that "State medicine," and "socialized" medicine and public health by any name is part of a larger problem of State control and socialization which should have their consideration, by whatever label and in whatever field it comes first.

It may eventually prove valuable to civilization that the Socialists picked health as the most popular field in which to carry on their various experiments. As a strategic move it seemed a particularly wise choice because of the lack of economic organization of the field, the multiplicity of theories regarding methods of service inherent in man's understanding of man, and the difficulty in measuring and interpreting end results, and the certainty of appeal to those who are blown around by every fresh breeze. However, in spite of such apparently favorable opportunities, experience has developed methods of computing results and these have left the dream of Government management of health agencies on the defensive. During the last few years their spellbinders no longer consider it wise to refer to what they have done in European countries, or their achievements during the war, and when their omissions are called to their attention they flounder in confused explanations.

Lately it appears that one strong socio-political group with a lot of publicity pull have discovered some socialized health countries in the Antipodes, and the propaganda they are releasing sounds curious to students who have spent much time in those countries.

Unfortunately, the great majority of thinking people who are unalterably opposed to Socialism, expressed in Government management or otherwise, have not heretofore found common ground in a constructive effort. Two comparatively recent movements in this direction are attracting wide attention and both are growing fast. They are "customer ownership" and "employee ownership."

Theoretically, Government ownership is "customer ownership" and "employee ownership" raised to the nth degree. The best proof that this is not a fact practically is found in the bitter and even violent opposition of all Socialists and bureaucrats to these movements.

Both these movements are much more extensively developed in California and in much wider fields than is generally realized. Transportation agencies, power companies, department stores, hotels, etc., are proceeding along one or both of these lines. Hospitals and health agencies are moving in the same direction. The majority of the hospital and other expensive health agency movements now active in California embody these principles. This is without understanding or agreement and appears to be the result of the unconscious molding of men's minds in principles that when sound lead to permanent progress.

The Pathologist of 1940—Under this title, William C. MacCarty says (Jr. of Lab. and Clin. Med.): "The dividing of our investigative ways was necessary, like the early diverse paths of exploration of America. Some approached the West by a northern route, some the southern route, and others by a middle route; but today we go in all directions and meet at any point. And so it has been in medicine, the trails, especially in our generation, have been parallel, sometimes divergent and sometimes convergent; they have frequently crossed each other. This last condition I believe we are in now; our trails of scientific progress are crossing each other; we are unnecessarily retracing each other's steps. It is time, it seems to me, to form trunk lines and eliminate many valueless cross lines. This we see in our attempts at group medicine and hospital standardization. This is all very good, but what have we done and what are we doing? We are developing physical examiners of patients, chest experts, rectal experts, nose and throat experts, gynecologic experts, surgical operators, radio-therapists, skin specialists, kidney specialists, bladder specialists, head specialists—in fact, specialists for every anatomical region and organ of the body. To these we have added laboratory specialists for blood, urine, feces, and other body fluids and excretions. Even the business and social service sides of our professional work have been specialized. We are all specialists, but where are the great correlators and generalizers? What is the basis of correlation of facts about disease? These are questions, the answers to which will point the way we are going as a profession. *In my opinion there are only two answers: we, as a lot of specialists, are going to be managed by executives who are business men primarily; or we will develop individuals who, by correct and long training, know how to put all of the facts, found by experts, together and read the diagnosis, cause, prevention, palliation, and cure of disease with its social, economic and humanitarian significance. This individual will be the pathologist of 1940.* He will not be a morbid anatomist alone, serologist alone, symptomologist alone, roentgenologist alone, immunologist alone, surgeon alone, therapist alone, or any other kind of narrow specialist alone. He will be one who has had the broadest experience with all. He cannot be a youth, although his mind may be youthful. He cannot be made in a few years; he must have spent a long apprenticeship; he must have the needs of the whole patient at heart."

Examination for Nurses Desiring Public Health Nursing Certificates—This examination has been set for Saturday, December 13, 1924, at 9 a. m., and will be held in the offices of the State Board of Health, 117 State building, San Francisco, and 823 Pacific-Finance building, Los Angeles.

Application blanks may be obtained at the offices of the Board at Sacramento, Los Angeles and San Francisco, and should be filed not later than December 1, 1924.

It has been estimated that with the private agencies, hospitals, public health appropriations, etc., included, no less than \$60,000,000 or about \$10 per capita is expended annually in the city of New York for public health work.